

SUPPLEMENTAL INFORMATION
SPANISH SPEAKING INTERNSHIP PROGRAM

PLEASE NOTE: This form does **NOT** replace the information requested on the "Application for Employment." Be sure your application **and** this supplement are **both** accurate and complete. Please be aware that work history and job duties listed on this form must be consistent with the information listed on the "Application for Employment". Furthermore, work history or job duties listed on this form that is not consistent with the "Application for Employment" may not be considered. Information provided on this supplement may be used to determine your eligibility for this position. **FAILURE TO SUBMIT THIS FORM ALONG WITH YOUR APPLICATION MATERIALS MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR THIS POSITION!**

1. What is the # of college semester credit hours you have completed? _____
(Please make sure that this information is consistent with pg. 2 of your application)
2. Are you at least 19 years of age? Yes ☐ No ☐
3. Will you be receiving school credit for you intern work? Yes ☐ No ☐
If yes, what is the school contact person and phone number? _____

4. Are you able to work weekends? Yes ☐ No ☐
5. Are you able to work 20 hours a week? Yes ☐ No ☐
6. Do you have a valid drivers license? Yes ☐ No ☐
7. Would you commit to four semesters as an intern? Yes ☐ No ☐

Provide three references of at least one year of acquaintance, and not a family member; desirable that one of the references is a school reference.

Name:
Address:
Telephone:
Relationship:

Name:
Address:
Telephone:
Relationship:

Name:
Address:
Telephone:
Relationship:

SIGNATURE

DATE

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